15/5/2010

INS. CASE OWNER:

CC4/GRB23001180/pa3

LKK:

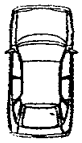
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 02.02.2023

Registered in Merimen: 04.02.2023

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 7895A

Name of Insured : GRAB RENTALS PTE LTD

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 28.01.2023 09:30

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model : MAZDA3 SEDAN 1.5 AT EU6

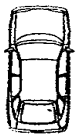
Place of Accident :

Nature of Accident :

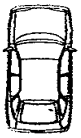
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

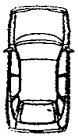
SHA 3843P → _____ → _____ → _____



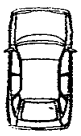
INSRS:
WSP: BIFROST AUTO PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SHA 3843P -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By ~~CC3/AIG17020354/M1pa3s2 13/02/2018 SHA 3843P SLC 9209Z 22/10/2017 19/02/2018 HMF~~ ~~CC4/III17020601/R1hb3q2 18/11/2017 SLC 9209Z SHA 3843P 22/10/2017 21/11/2017 LSP~~ ~~CC6/AIG14019939/M1py3w2 02/03/2015 SHA 3843P SJV 7958G 19/10/2014 04/03/2015 KYS~~ CC6/CTI22011257/Dpa3 09/11/2022 SHA 3843P XE 6687T 09/11/2022 HMK	**DATE / PIC**
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
SLW 7895A - X		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	